Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973

Fax Number : (305)220-1440

LIMITED LIABILITY COMPANY

NOB HILL VENTURES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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FAX:3052201440

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ARTICLES OF ORGANIZATION OF NOB HILL VENTURES, LLC

OF AND AND STATE OF THE STATE O The undersigned, being authorized to execute and file these Articles, hereby certifications that:

ARTICLE I - Name:

The name of the Limited Liability Company is:

NOB HILL VENTURES, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

> 944 SAN PEDRO AVENUE CORAL GABLES FL 33156

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - Management:

The Limited Liability Company is to be managed by a manager or managers and the name and address of the initial manager who is to serve as manager until the appointment of his/her successor is:

> NANCY ENGLISH 944 SAN PEDRO AVENUE CORAL GABLES FL 33156

FAX:3052201440

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ARTICLE V - Registered Agent:

CONTRACTOR PARTING The name and street address of the initial registered agent for service of process of the Limited Liability Company is:

NANCY ENGLISH 944 SAN PEDRO AVENUE CORAL GABLES FL 33156

ARTICLE VI - AGENCY

In accordance with Section 608.422(4)(a), Florida Statutes, each manager shall have equal rights in the management and conduct of the Company's business and shall be an agent of the company and shall have authority to conduct all of the affairs of the Company including but not limited to purchasing and selling of Real Property owned by the Company and incurring debt and contractual liability on behalf of the Company.

These Articles of Organization shall be effective as of the 15 day of

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FAX: 3052201440

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

NOB HILL VENTURES, LLC

2. The name and address of the registered agent and office is:

NANCY ENGLISH 944 SAN PEDRO AVENUE CORAL GABLES FL 33156

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment of registered agent and agree to act in its capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Date)